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CONFIRMATION NO. 5158

<b>SERIAL NUMBER</b> 10/787,278	<b>FILING OR 371(c) DATE</b> 02/26/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> AIJ-001CP3
<b>APPLICANTS</b> Anne-Marie Chalmers, Osprey, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/657,521 09/08/2003 ABN and is a CIP of 10/690,387 10/21/2003 ABN <i>ST</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>me</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/15/2004				
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature <i>ST</i>	Initials		<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 42505				
<b>TITLE</b> Medication delivery device				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	